



2010 USA Taekwondo Club Membership Application



MEMBERSHIP INFORMATION

New Member Renewal USAT Club Number

Club Name

Club Instructor

Club Rep (if different from Head Instructor)

Head Instructor USAT Individual Membership #

Club Rep USAT Individual Membership #

Physical Address

City

State

Zip Code

Mailing Address

City

State

Zip Code

Referred By

Club Phone

() ()

Club Fax

() ()

Club Email Address

Club Website

TAX DEDUCTIBLE DONATION TO USAT

\$5 \$15 \$25 Other \$ _____

CLUB LIABILITY INSURANCE

I would like information on **FREE** or reduced Liability & Sport Accident Insurance (Free with 35 registered USAT members) ***If you pay more than \$1000 a year for Club Insurance, mark the box above to discover ways to save

MAILING INFORMATION

I would like to receive USAT newsletters, information and discount information sent via e-mail
 I do **NOT** want to receive USAT newsletters, information and discount information sent via e-mail

PLEASE COMPLETE

_____ hereby agrees to abide by USA Taekwondo, Articles of Incorporation, Bylaws, and Code of Operations.
Name of Club

Additionally, to respect, abide by and to enforce all decisions of the Corporation and to correctly identify itself in all advertising with respect to titles, affiliations, etc. I understand that failure to do so may result in an imposed penalty. No reproductions of the titles, word (s) or logos of USA Taekwondo or the United States Olympic Committee are permitted without the special written consent of the appropriate organization. Misuse of the names and symbols can be a violation of public law and USA Taekwondo bylaws.

The above mentioned club hereby submits this application for Club Membership with USA Taekwondo. Enclosed is one hundred and thirty-five dollars (\$135.00) for the annual dues for the 2010 membership year. I understand there must be 35 athlete/coach/referee members registered with my club in order to receive the free liability insurance through USA Taekwondo. I understand that the \$135.00 membership fee is nonrefundable and nontransferable.

Signature of Club Owner (Head Instructor) _____ Date: _____

PAYMENT OPTIONS - \$135 FEE

Money Order/Cashiers Check Visa MasterCard Am Express Discover

Total Amount
\$135 + Donation

\$

Credit
Card #

Security Code
(located back of card)

Print Name
of Cardholder

Exp
Date

Zip
Code

Signature of
Cardholder

Date

****Please note that personal checks are not accepted and will be returned with application****

USA Taekwondo 1 Olympic Plaza, Suite 104 C; Colorado Springs, CO 80909

Office: (719) 866-4632

Website: www.usa-taekwondo.us

Fax: (719) 866-4642